

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

49a

02109

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County NeomileCity or town Burke
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County NeomileCity or town Burke
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Sarah Edna Anderson

3. (b) Social Security Number

4. Sex

female

5. Color of face

White

6. (a) Single, married, widowed, or divorced

Married

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 28th48 5³⁰a

6. (b) Name of husband or wife

Benjamin F. Anderson

7. Birth date of deceased (mo., day, yr.)

Sept. 15-1907

6. (c) If alive, give age _____ years

52

8. AGE:

Years

Months

Days

If less than one day

40513

hrs.

min.

9. Birthplace

P.O. Salisbury Md.

(Town, county, and state)

10. Usual occupation

Home wife

11. Industry or business

at home

MOTHER FATHER

12. Name

Daniel M. Dwyer

13. Birthplace

P.O. Salisbury Md.

14. Maiden name

Cornelia Corry

15. Birthplace

P.O. Salisbury Md.

16. Informant

Mr. Benjamin F. Anderson

Address

Burke Maryland

17.

(Burial, cremation, or removal, White?)

Date thereof

May 1-1948

Cemetery or crematorium

Burke Church Cem.

Location

Burke Maryland

18. Funeral director

William G. Hall R. J. Hollings

Address

Salisbury Maryland

19.

(Date rec'd by registrar)

19

48R. J. Hollings

Registrar

Address

Nautilus Md

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

15 January 1948 to 28 February 1948and that I last saw him alive on 28 February 1948

Immediate cause of death

Carcinoma of Ovary

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. Charles H. Saunders

M. D. or other

Address

Nautilus Md

Date signed

28 Feb 48

RECEIVED

MAR 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02110 337

1. PLACE OF DEATH:

County WicomicoCity or town Nanticoke
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County WicomicoCity or town Nanticoke
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Julius Barclay

3. (b) Social Security Number

4. Sex m 5. Color or race col. 6.(a) Single, married, widowed, or divorced Single

B.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) March 10, 1899 6.(c) If alive, give age _____ years8. AGE: Years 48 Months 11 Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Nanticoke, Wicomico, Md.
(Town, county, and state)10. Usual occupation Cyberman

11. Industry or business _____

FATHER 12. Name Asbury Barclay13. Birthplace Nanticoke, Md.MOTHER 14. Maiden name Arletta Mutter15. Birthplace Nanticoke, Md.16. Informant Walter T. BarclayAddress Nanticoke, Md.17. Burial Date thereof 2/22/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Nanticoke Cemeterygesterville, Md.

Location _____

18. Funeral director C. S. MessickAddress Bivalve, Md.19. 48 R. M. Melford Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 - 1948 at 5:20 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17 Feb 19 48, to 17 Feb 19 48
and that I last saw him _____ alive on _____ 19 _____Immediate cause of death Cerebral Accident

DURATION

?

Due to Hypertensive Arteriosclerosis ?

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert H. Saunders M.D.Address Wicomico, Md. M. D. or other _____Date signed 18 Feb 48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 233

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

616 Poplar Hill Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For persons who give residence of mother)

State Md. County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 616 Poplar Hill Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lenora C. Betts

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

James Edward Betts

7. Birth date of deceased (mo., day, yr.)

March 10-1860

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

871024

hrs.

min.

9. Birthplace

near Hunters, Del.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

at home

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Informant

18. Informant

19. Informant

20. Informant

21. Informant

22. Informant

23. Informant

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99. Informant

100. Informant

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4th 1948 at 11:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 28 1948 and that I last saw her alive on Feb 4th 1948

Immediate cause of death

Heart failure

Due to

Myocardial

Due to

ArteriosclerosisNephritis
(Include pregnancy within 5 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. J. Neenan M. D. physician
Address 203 W. Church St. Date signed Feb 4th 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 128 David St
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

John Booker4. Sex male 5. Color or race aa 6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Katie Booker

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) about 18888. AGE: Years 67 Months - Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Buxton Va.
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Same as above12. Name unknown13. Birthplace unknown14. Maiden name unknown15. Birthplace unknown16. Informant Elizabeth JonesAddress Bedford Va17. Burial Date thereof Feb. 14 - 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Public CemeteryLocation Salisbury, Maryland18. Funeral director James F. StewartAddress 402 E. Church St. Salisbury Md.19. 2/14/48 James F. Stewart
(Date rec'd by registrar) (Signature) Registrar

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9, 1948 at 9:20 P.M.21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Feb. 20, 1948 to Feb. 9, 1948and that I last saw him alive on Feb. 6, 1948

Immediate cause of death _____ DURATION _____

Nephritis unk.

Due to _____

Due to _____

Other conditions Pressure Sores 5 wks.

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. F. Semblly M.D. M.D. or other _____Address Salisbury Md. Date signed 2/10/48

RECEIVED

FEB 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

117a

02113

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 Days
 Hospital, institution, or street address where death occurred:
Penninsula General Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Snow Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Clayville Mrs. Williams H. Clayville

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced ✓

6. (b) Name of husband or wife Clayville Mrs. Martha

6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) January 17 - 1872

8. AGE: Years 45 Months 46 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Snow Hill, Worcester, Md
 (town, county, and state)

10. Usual occupation Merchant

11. Industry or business William H. Clayville

12. Name William H. Clayville

13. Birthplace Maryland

14. Maiden name Sallie Blakes

15. Birthplace Maryland

16. Informant Mrs. Martha H. Clayville

Address Snow Hill, Md

17. Burial (Burial, cremation, or removal, which) Burial Date thereof March 2/48
 (month) (day) (year)

Cemetery or crematory Whitcraft

Location Snow Hill, Md

18. Funeral director Clay O. Dymmi

Address Snow Hill, Md

19. 3/8/48 19. 48 Married by John
 (Date rec'd by registrar) (year) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 29 19. 48 at 10²⁵ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 26 to Feb. 29 19. 48
 and that I last saw him alive on Feb. 28 19. 48

Immediate cause of death Hemorrhage into intestinal tract
 Due to Peptic ulcer (duodenal)
 Due to _____
 Other conditions Advanced arteriosclerosis -
 (Include pregnancy within 3 months of death)

MAJOR FINDINGS OF OPERATIONS _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

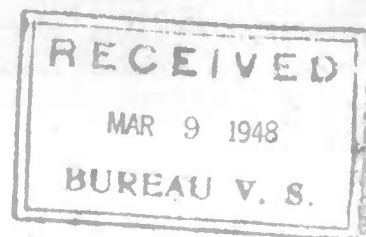
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE David L. Schure M.D.
 Address 304 Camden Ave.
Salisbury, Md. Date signed Feb. 29/48

RECEIVED

MAR 11 1948

BUREAU V. S.



RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

02115

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Penninsula General Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 107 3rd Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

CONWAY, Melvin

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

MARRIED

6. (b) Name of husband or wife

Beatrice Conway6. (c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.)

11-19-1902

8. AGE:

Years

Months

Days

If less than one day

45217

hrs.

min.

9. Birthplace

White Haven, Wicomico Co., Md.
(Town, county, and state)

10. Usual occupation

Clothes Presser

11. Industry or business

Same as above

MOTHER FATHER

12. Name

John Conway

13. Birthplace

White Haven, Maryland

14. Maiden name

Hester Waters

15. Birthplace

White Haven, Maryland

16. Informant

Mrs. Beatrice ConwayAddress 107 Third St. Salisbury Md.

17.

Burial

Date thereof

2-8-48
(month) (day) (year)

Cemetery or crematory

Green Acres Memorial Park

Location

Salisbury, Maryland

18. Funeral director

James H. Stewart

Address

402 E. Church St. Salisbury Md.

19.

2/7/48
(Date received by registrar)19 48Associate Registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6th 19 48, at 6:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 5 19 48 to Feb 6 19 48
and that I last saw him alive on Feb 6 19 48

Immediate cause of death

Acute Coronary Artery
occlusion

DURATION

4 hours

Due to

Coronary Artery
Sclerosis4 yrs.
duration

Due to

Diabetes Mellitusknown
1 week

Other condition

Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

See above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

David Gilmore M.D.
504 Calverton
Salisbury Md.
Date signed Feb 6 1948

RECEIVED

FEB 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)
 State Md County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 302 braces street
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Cox Mrs. Emma Emma Cordelia Cox

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White

6. (b) Name of husband or wife

William J. Cox

7. Birth date of deceased (mo., day, yr.) Feb. 15 - 1877 1877

8. AGE: Years 70 Months 11 Days 17 hrs. min.

9. Birthplace Seal Island Md

10. Usual occupation Home Wm

11. Industry or business Smith White

12. Name Seal Island Md

13. Birthplace Amanda Jones

14. Maiden name Mrs. Pauline Ehringer

15. Birthplace 605 E. College Ave, Salisbury Md

16. Informant Burial Date thereof Feb 4 - 48

17. (Burial, cremation, or removal of which?) Burial

18. Cemetery or crematory Parkers Cem.

19. Location Salisbury Md

20. Funeral Director Hollingsworth & Walter R. Hollingsworth

21. Address Salisbury Md

22. (Date rec'd by registrar) 3/4/48

23. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2nd. 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

immediate cause of death Tetanus - acute

Duration 3 days

Due to fracture of hand

Due to hand

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results Tetanus - swollen brain etc

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident?

Where did injury occur? Salisbury Md

(City or town) (County) (State)

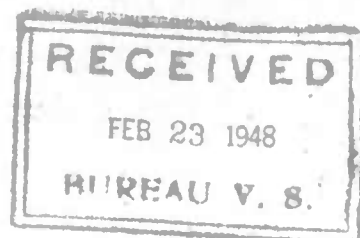
Injured at home, farm, industry, public place (where?) Home

Means of injury hit by shoe Injured at work? no

23. SIGNATURE Dr. Rademaker MD

Address Salisbury Md

Date signed 2/4/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02117

CERTIFICATE OF DEATH

Reg. Dist. No. 338

1. PLACE OF DEATH

County McCombsCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred
302 Hazel Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County McCombsCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 302 Hazel Ave.
(If rural give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Annie Elizabeth Disharoon

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb. 6 1948 at 484357

2E. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 4 1948 to FEB 6 1948and that I last saw him alive on FEB 4 1948

Immediate cause of death

Generalized carcinomatous

DURATION

Due to

Carcinoma stomach

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Flora E. Fisher M. D. or otherAddress 301 S. Main St. Md. Date signed 2/7/48

6. (b) Name of husband or wife

Samuel G. Disharoon

7. Birth date of deceased (mo., day, yr.)

Aug. 19-1866

8. AGE:

Years 81 Months 5 Days 17 hrs. min.

9. Birthplace

P.O. Pimlico, Annapolis Md.

10. Usual occupation

Home wife

11. Industry or business

at home

12. Name

Joseph H. Wheatley

13. Birthplace

Samuel G. Disharoon

14. Maiden name

Rosa Ross

15. Birthplace

Samuel G. Disharoon

16. Informant

Salisbury Md.

17. Burial

Monie Cem.

(Burial, cremation, or removal, which?)

Date thereof Feb 8-48

18. Cemetery or crematory

Samuel G. Disharoon

19. Location

Holloway & Walter R. Hill

20. Funeral director

Salisbury Md.

21. Address

Salisbury Md.

22. Date

2/8 1948

(Date rec'd by registrar)

Registrar Barrett E. Johnson

UNITED STATES DEPARTMENT OF JUSTICE

Division of Investigation

REPORT OF THE FIELD OFFICE

RECEIVED

FEB 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County... Delmar
City or town... Delmar
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 04 years
Hospital, institution, or street address where death occurred... East Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Delaware County... Delmar
City or town... Delmar
(If outside city or town limits, write RURAL and give nearest town)
Street No... East
(If rural, give LOCATION)
2. (a) If veteran, name war...

3. (a) FULL NAME

Victor Roland Dunn

3. (b) Social Security Number

4. Sex... Male 5. Color or race... White 6. (a) Single, married, widowed, or divorced... Married
6. (b) Name of husband or wife... Donie Collins
7. Birth date of deceased (mo., day, yr.)... Oct 29, 1883
8. AGE: Years... 64 Months... 3 Days... 7 If less than one day... hrs. min.

9. Birthplace... Delmar, Del.
(Town, county, and state)

10. Usual occupation... Confidential

11. Industry or business...

12. Name... Victor Dunn

13. Birthplace... Delmar, Del.

14. Maiden name... Sabath E. Collins

15. Birthplace... Delmar, Delaware

16. Informant... Donie Collins

Address... Delmar, Delaware

17. (Burial, cremation, or removal, which?)... Burial Date thereof... 2-7-48
(month) (day) (year)

Cemetery or crematory... St. Olaf Lutheran

Location... Delmar, Del.

18. Funeral director... W. S. Gansel Co

Address... Delmar, Del.
19. Date rec'd by registrar... Feb. 9th 48 Registrar... Harry E. Hudson

MEDICAL CERTIFICATION

20. DATE OF DEATH... Feb. 6, 1948 at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1947 to Feb 6, 1948

and that I last saw him alive on February 6, 1948

Immediate cause of death... Cerebral embolus left

Due to... Hypertensive heart disease

Due to... Essential hypertension

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

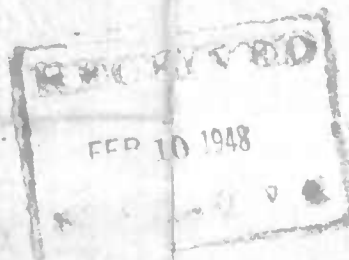
23. SIGNATURE... J. V. Schler M.D.

Address... Delmar, Del. Date signed... 2-7-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02120

Reg. Dist. No. 335

1. PLACE OF DEATH
 County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
R.D. #2
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED
 (For newborn infants give residence of mother)
 State MD County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.D. #2
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Columbus M. Dyker

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Lessie May Dyker
 7. Birth date of deceased (mo., day, yr.) March 30 1875 6.(c) If alive, give age 63 years
 8. AGE: Years 72 Months 10 Days 22 If less than one day _____ hrs. _____ min.
 9. Birthplace Wicomico Co. Maryland
 (Town, county, and state)
 10. Usual occupation Farmer

11. Industry or business
 12. Name John Henry Dyker
 13. Birthplace Wicomico Co. Maryland
 14. Maiden name Matilda Reid
 15. Birthplace Accomac Co. Virginia
 16. Informant Mrs. Lessie M. Dyker
 Address R.D. #2 Salisbury Maryland
 17. Burial Date thereof Feb 24-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Parsons Cemetery
 Location Salisbury Maryland
 18. Funeral director John R. Miller R. Williams
 Address Salisbury Maryland
 19. 2/23/48 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1948
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____
 and that I last saw him/her alive on _____ 19____
 Immediate cause of death Coronary Arteriosclerosis

Due to Coronary Arteriosclerosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations None
 Date of op. _____
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: n
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 22. SIGNATURE Walter H. Williams M. D. or other _____
 Address Salisbury Md Date signed 2/23/48

RECEIVED

MAR 9 1948

BUREAU V. S.

Dr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 5 hrs. 20 mins

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Pound Pocomoke Md
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war World war # 1

3. (a) FULL NAME

Eaton, Mr. William H.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Unknown

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

54

hrs. min.

9. Birthplace

Unknown
(Town, county, and state)

10. Usual occupation

Cook

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

"

MOTHER

14. Maiden name

Unknown

15. Birthplace

"

16. Informant

Mr. Adam E. Kistner

Address

Pocomoke Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

February 16, 1948
(month) (day) (year)

Cemetery or crematorium

Shallid Baptist Ch

Location

Pocomoke

18. Funeral director

Address

Henry S. WatsonPocomoke Md.

19.

2/16 19 48
(Date rec'd by registrar)19 48Harriet E. JohnsonLocal Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12th 19 48 at 6:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 11 19 48 to February 12, 1948and that I last saw him alive on February 12 19 48

Immediate cause of death

Cerebral Hemorrhage

DURATION

16 hours

Due to

Cerebral
arteriosclerosisSystemic
1 hr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

David J. Gilmore M.D.

M. D. or other

Address

504 Camden
SalisburyDate signed Feb. 12, 1948

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Det. William H. Hartman

RECEIVED

FEB 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County Wilkes
 City or town Gesterville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 63 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Wilkes
 City or town Gesterville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Gertrude Wallace Evans

3. (b) Social Security Number

4. Sex 7 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife George Evans7. Birth date of deceased (mo., day, yr.) April 20 - 1862 8. (c) If alive, give age years

8. AGE: Years 85 Months 9 Days 15 If less than one day hrs. min.

9. Birthplace mt. Vernon, Somerset, md
(Town, county, and state)10. Usual occupation Housework

11. Industry or business

12. Name John W. Padon13. Birthplace unknown14. Maiden name Charlotte Murray15. Birthplace mt. Vernon, md.16. Informant Ethel EvansAddress Gesterville, md.17. Burial Date thereof 2/6/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oak Grove CemeteryLocation Gesterville, md.18. Funeral director B. E. MessickAddress Bivalve, md.19. Feb 6 1948 Registrar K. M. M. M. M.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1948 at 4 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 November 1947 to 4 February 1948 and that I last saw him alive on 4 February 1948Immediate cause of death Heart Failure DURATIONDue to Arteriosclerotic Heart Disease 10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Donald H. Saunders M. D. or otherAddress Northampton, Md. Date signed Feb 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 838 02123 337

1. PLACE OF DEATH:

County Wilcomico
 City or town Quantico, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wilcomico
 City or town Quantico
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Annie Lee Gates

3. (b) Social Security Number

4. Sex

F

5. Color or race

col

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Isaac Gates

7. Birth date of

deceased (mo., day, yr.)

June 5, 1874

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

7184

_____ hrs.

_____ min.

9. Birthplace

Quantico, Wilcomico, Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

unknown

13. Birthplace

?

MOTHER

14. Maiden name

Mary Wainwright

15. Birthplace

Quantico, Md.

16. Informant

Annie Washfield

Address

Quantico, Md.

17.

Burial

Date thereof

2/12/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Head of Creek

Location

Lyaskin, Md.

18. Funeral director

C. G. Messick

Address

Bivalve, Md.

19.

Feb 1219 48H. Alfred Melton

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 19 48 at 6:40 P.M.21. I CERTIFY that death occurred on the date above signed; that I attended deceased from 15 Nov. 19 48, to 9 Feb. 19 48.and that I last saw him alive on 9 Feb. 19 48.

Immediate cause of death

Cerebral Thrombosis

DURATION

4 days

Due to

Arterio sclerosisStroke

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

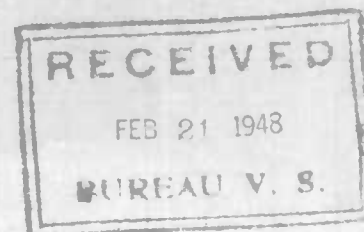
Injured at work?

23. SIGNATURE

Richard H. Sander

M. D. or other

Address Baltimore Md Date signed 11 Feb 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1310 02124

11 336

1. PLACE OF DEATH:

County Wisconsin
 City or town Helmar, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Bradysville, Va.
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Wisconsin
 City or town Helmar, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Nancy A. Hardy

3. (b) Social Security Number

no

4. Sex female 5. Color or race a.a. 6.(a) Single, married, widowed, or divorced widow

6.(b) Name of husband or wife Wesley Hardy
Dead 6.(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) about 1873

8. AGE: Years about 75 Months — Days — If less than one day hrs. min.

9. Birthplace Bradysville, Va.
 (Town, county, and state)

10. Usual occupation housekeeping

11. Industry or business same as above

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Stanford Hardy

Address Helmar, Md.

17. Burial Date thereof Feb 22, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union

Location Helmar

18. Funeral director James P. Stewart
 Address Salisbury, Md.
February 22, 1948 Harry E. Hudson
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20, 1948 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 14, 1948 to Feb. 20, 1948

and that I last saw him alive on Feb. 19, 1948

Immediate cause of death Cardiac Asthma DURATION 3 days

Due to Chronic Myocarditis 5 yrs

Due to Hypertension unk

Other conditions Nephritis 2 yrs

(Include pregnancy within 3 months of death)

Major findings of operations X

Autopsy results X Date of op. X

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of Injury — Injured at work? —

23. SIGNATURE G. H. Sembley, MD M. D. or other —

Address Salisbury, Md. Date signed 2/20/48

RECEIVED

FEB 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

No. H. H. Robbins

Evidence for charge of
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0212533

FILM No. G 114 MAR 1 1948

1. PLACE OF DEATH:

County Princess Anne Co.
City or town Parsonsburg, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Princess Anne
City or town Parsonsburg, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Raymond W. Gordy

3. (b) Social Security Number

4. Sex Male 5. Color or race Col 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

1. Birth date of deceased (mo., day, yr.) May 19, 1901 6. (c) If alive, give age 48 years

8. AGE: Years 47 Months 46 Days 8 If less than one day 27 hrs. min.

9. Birthplace Parsonsburg, Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business none

12. Name William Gordy

13. Birthplace Parsonsburg, Md.

14. Maiden name Rebecca Gordy

15. Birthplace Parsonsburg

16. Informant Ethel Palk

Address Berlin Md.

17. Burial Date thereof 2 19 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Slasp Hill Cem

Location Parsonsburg Md.

18. Funeral director Barker Dr. West

Address Salisbury Md.

19. 2/1/48 19 48 Registrar Barbara L. Johnson

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 19 48 at 8:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 47 to 16 Feb 19 48

and that I last saw him alive on 15 Feb 19 48

Immediate cause of death Myocardial infarction

embolus

Due to Chronic degenerative

myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Heamanie Robbins M. D. or other

Address Berlin, Md. Date signed 17 Feb 48

RECEIVED

FEB 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County *Wicomico Co*City or town *Salisbury Md*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *35 yrs.*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Wicomico*City or town *Salisbury Md*
(If outside city or town limits, write RURAL and give nearest town)Street No. *West Lake Drive*
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Ernie Gray

3. (b) Social Security Number

4. Sex

female

5. Color or race

col

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *not known*6. (c) If alive, give age *approx 1881* years

8. AGE:

Years

Months

Days

If less than one day

6/yr

hrs.

min.

9. Birthplace

Hallands Island Md
(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

none

FATHER

12. Name

John Williams

13. Birthplace

Unknown

MOTHER

14. Maiden name

Ernie Williams

15. Birthplace

unknown

16. Informant

Wesley Reede

Address

Salisbury

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof *Feb. 23, 1948*
(month) (day) (year)

Cemetery or crematory

James Geo Chance, Md

Location

Chance Md

18. Funeral director

Baker on West

Address

*Salisbury Md*19. *2/23, 1948*

(Date rec'd by registrar)

Marie L. Johnson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Feb 20, 1948* at *8 P.* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 13, 1948 to *Feb 20, 1948*
and that I last saw *u* alive on *Feb 13, 1948*

Immediate cause of death

Acute Myocardial

DURATION

Sudden

Due to

Due to

Not Known

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *_____* Date of *_____*Where did injury occur? *_____* (City or town) *_____* (County) *_____* (State)Injured at home, farm, industry, public place (where?) *_____*Means of injury *_____* Injured at work? *_____*23. SIGNATURE *G Herbert Sembley M.D.*Address *Salisbury Md* Date signed *2/23/48*

RECEIVED

FEB 26 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 268 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Peninsula General HospitalHow long in hospital or institution? Three weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Deal Island
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war _____ V

3. (a) FULL NAME

Hornee Mr Damon

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mrs Bessie Horne7. Birth date of deceased (mo., day, yr.) 1916

6. (c) If alive, give age _____ years

8. AGE: Years 32 Months - Days - If less than one day _____ hrs. _____ min.9. Birthplace Deal Island Som. Co. Md.
(Town, county, and state)10. Usual occupation Retired Sailor11. Industry or business Veterinary Assistant12. Name Thomeas F. Horne13. Birthplace Deal Island Md.14. Maiden name Melissa Webster15. Birthplace Deal Island Md.16. Informant Mrs Bessie HornerAddress Deal Island Md.17. Burial (Burial, cremation, or removal, which) Burial Date thereof 2/10/48
(month) (day) (year)Cemetery or crematory St. John's M. E.Location Deal Island Md.18. Funeral director WebsterAddress Deal Island Md.19. 2/10/48 48 Lola T. Wheatley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 19 48 at 6:59 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 19 48 to Feb 7 19 48 and that I last saw him alive on February 7 19 48Immediate cause of death Pulmonary Edema

DURATION

24 hrsDue to urine 3 daysDue to Benign Prostatic Hypertrophy 3 weeks

Other conditions _____

(Include pregnancy within 5 months of death)

Major findings of operations Benign Prostatic Hypertrophy
Date of op. Feb 2, 1948Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William B. Long M.D.
M. D. or other _____Address 504 N. Duane St. Salisbury Md. Date signed Feb 7, 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02124 353

1. PLACE OF DEATH:

County Wilcomilla
City or town Princeton, near
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? no
Hospital, institution, or street address where death occurred: no
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State New Jersey County ...
City or town Peapack N.J.
(If outside city or town limits, write RURAL and give nearest town)
Street No. ...
(If rural, give LOCATION)
2.(a) If veteran, name war World War No 2

3. (a) FULL NAME

Henry F. Johnson

3. (b) Social Security Number

4. Sex male 5. Color or race a.d. 6. (a) Single, married, widowed, or divorced Not known

6. (b) Name of husband or wife Ethell Johnson
yes 6. (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Dec 9 1910

8. AGE: Years 37 Months 2 Days 17 If less than one day ... hrs. ... min.

9. Birthplace Slacomb, Ala.
(Town, county, and state)

10. Usual occupation mechanic

11. Industry or business Same as above

12. Name Joe Johnson

13. Birthplace Washington D.C.

14. Maiden name Henrie Kizzie

15. Birthplace Maryland Florida

16. Informant Joe Johnson

Address Slacomb Ala.

17. Burial Burial Date thereof Mar
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountaineer

Location Slacomb, Ala.

18. Funeral director James H. Stewart

Address Baltimore Md.

19. 3/10 19 48 Registrar James H. Stewart

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26th 48 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... to ... and that I have seen ...

Immediate cause of death Fracture of Cervical Vertebrae

Due to Automobile accident

Due to ...

Other conditions ...

(Include pregnancy within 3 months of death)

Major findings of operations ...

Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2-26-48

Where did injury occur? Princeton, New Jersey
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Automobile accident At work? No

23. SIGNATURE Oliver T. Fisher M.D.
Address Baltimore Date signed 2-27-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly. M

RECEIVED

MAR 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 8 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 804 W. Main
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

Jones Edward W.
 4. Sex male 5. Color or race aa 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Laura Jones
deceased 6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 51 Months — Days — It less than one day — hrs. — min.

9. Birthplace Chances Somerset Co. Maryland
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Same

12. Name Mitchell Jones

13. Birthplace Chances Somerset Co. Maryland

14. Maiden name Milky Beckett

15. Birthplace Chance, Somerset Co. Maryland

16. Informant Mrs. Ella Nutter

Address Nanticoke, Maryland

17. Burial Date thereof 2-23-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Nanticoke Cemetery

Location Nanticoke, Maryland

18. Funeral director James F. Stewart

Address 402 E. Church St. Salisbury Md.

19. 2/23 19 48 Wassie E. Johnson
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

No

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20, 19 48, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2, 19 48, to Feb 20, 19 48, and that I last saw him alive on Feb 20, 19 48.

Immediate cause of death Congestive Heart Failure DURATION 3 mos.

Due to Myocarditis ?
chronic hepatitis ?

Due to —

Other conditions —

(Include pregnancy within 8 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE John H. Pearson M.D. M. D. or other

Address 200 Cambridge Date signed 2-20-48

RECEIVED

FEB 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. Gilmore
MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

836

02131

Reg. Dist. No. 333

1. PLACE OF DEATH: *McComie*
County *Salisbury*
City or town *Salisbury*
(If outside city or town limits write RURAL and give nearest town)
How long in above place of death? *7 yrs*
Hospital, institution, or street address where death occurred: *305 Huston Terrace*
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *MD* County *McComie*
City or town *Salisbury*
(If outside city or town limits write RURAL and give nearest town)
Street No. *305 Huston Terrace*
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME *Josephine Kelly*

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widow*
6. (b) Name of husband or wife *Oliver J. Kelly*
7. Birth date of deceased (mo., day, yr.) *Oct. 5th 1889* 6. (c) If alive, give age *Deaf* years
8. AGE: Years *58* Months *4* Days *12* If less than one day hrs. min.

9. Birthplace *Atlantic Va.*
(Town, county, and state)

10. Usual occupation *Home wife*

11. Industry or business

FATHER 12. Name *Walter E. Bunting*

13. Birthplace *Accomac, Co. Va.*

MOTHER 14. Maiden name *Theodora Colman*

15. Birthplace *Accomac Co. Va.*

16. Informant *Dr. Carl Burton*

305 Huston Terrace, Salisbury Md

17. Burial Date thereof *Feb. 20-1998*

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium *Oak Hill Cem.*

Location *Oak Hill Virginia*

18. Funeral director *William G. Miller, K. Miller*

Salisbury Md

19. *2/1/98* 19 *48* Registrar *David Gilmore M.D.*

MEDICAL CERTIFICATION

20. DATE OF DEATH *Feb. 17th 1998* at *48 216p* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *March 2 1948* to *Feb. 17 1998*
and that I last saw him alive on *Feb. 16 1998*

Immediate cause of death *Cerebral Thrombosis* DURATION *5 days*

Due to *Advanced Cerebral Arteriosclerosis* Symptoms *6 yrs.*

Due to *Stavolutoyast Melancholia* *15 yrs.*

Other conditions *Encephalomalacia* *6 yrs.*

Senile Dementia *1 yr.*

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. (VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE *David Gilmore M.D.*

Address *Salisbury, Md.* Date signed *Feb. 19 1998*

RECEIVED

FEB 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71 336

1. PLACE OF DEATH:

County WicomicoCity or town Delmar

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 66 years

Hospital, institution, or street address where death occurred:

RFD # 3

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Delmar

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 3

(If rural, give LOCATION)

2.(c) If veteran, name war

3. (a) FULL NAME

James Clayton Layfield

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

B.(a) Single, married, widowed, or divorced

Married

B.(b) Name of husband or wife

Mary Elizabeth Layfield6.(c) If alive, give age 62 years

7. Birth date of

deceased (mo., day, yr.)

July 5, 1881

8. AGE:

Years

66

Months

6

Days

26

If less than one day

hrs.

min.

9. Birthplace

Wicomico County

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

FATHER

12. Name

Jas. Robert Layfield

13. Birthplace

Wicomico County, Md.

MOTHER

14. Maiden name

Mary Hester Kelley

15. Birthplace

Wicomico County, Md.

16. Informant

Address

Mary Elizabeth LayfieldDelmar, Del.RFD # 3

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

2-2-48

(month) (day) (year)

Cemetery or place of burial

LeCates

Location

Delmar, Del RFD

19. Funeral director

Address

W. S. Grand Co.Delmar, Del.

20. (Date rec'd by registrar)

February 3, 1948Harry E. Hudson

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb. 1 1948, at 8:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1947 to Feb 1 1948and that I last saw him alive on Feb 1 1948Immediate cause of death Acute Bronchitis DURATIONdue to cardiac failure 2 daysDue to Chronic myocarditis 2 yrs.Due to 9/3 of lungs 5 yrs.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

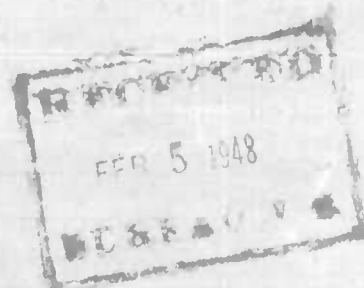
Date signed

Feb 2/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167

CERTIFICATE OF DEATH

Reg. Dist. No. 02133 333

1. PLACE OF DEATH:

County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 months
Hospital, institution, or street address where death occurred:
Peninsula San Hosp
How long in hospital or institution? 15 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Wicomico
City or town Salisbury and
(If outside city or town limits, write RURAL and give nearest town)
Street No. Evans
(If rural, give LOCATION)
2.(a) If veteran, name war World War

3. (a) FULL NAME

Lewis, Jones

3. (b) Social Security Number

078-22-7596

4. Sex male 5. Color or race a.a. 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife None 6.(c) If alive, give age unknown years
7. Birth date of deceased (mo., day, yr.) about 1918
8. AGE: Years about 30 Months — Days — If less than one day — hrs. — min.

9. Birthplace unknown
(Town, county, and state)
10. Usual occupation laborer
11. Industry or business same as above
12. Name unknown
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown
16. Informant Charles Barkley
Address Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Mar 5 1948
(month) (day) (year)
Cemetery or crematory Public
Location Salisbury and
18. Funeral director James Stewart
Address Salisbury Md
19. 3/18/48 19. MD Registrar Charles Barkley
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28-48 19. 48 at 7:15 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical examination and that I last saw alive on 19
Immediate cause of death stab wound of heart DURATION 15 mins
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings of operations none
Date of op. —
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Homicide Date of 2-28-48
Where did injury occur? Salisbury Wicomico Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) street
Means of injury stabbed Injured at work? No
23. SIGNATURE Charles Barkley MD M. D. or other MD
Address Salisbury Md Date signed 2/28/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH

County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 day 6 hrs.
Hospital, institution, or street address where death occurred:
P.B. Hoyt
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 201 Pine Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Linda Lee Lewis

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Nov. 25-1947

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

2 22 hrs. min.

9. Birthplace

P.B. Hoyt, Salisbury Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Linda Lee Lewis

13. Birthplace

Salisbury Md.

14. Maiden name

Aileen Shorick

15. Birthplace

Deal Island Md.

16. Informant

M. Linda Lee Lewis

Address

201 Pine St. Salisbury Md.

17.

(Burial, cremation, or removal, specify)

Date there

(month) (day) (year)

Cemetery or crematory

Salisbury Md.

Location

Salisbury Md.

18. Funeral director

Hylling R. Walter R. Hylling

Address

Salisbury Md.

19.

(Date rec'd by Registrar)

19 48

Barbara L. Johnson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 17 19 48 at 1254

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 5 19 48 to Feb 17 19 48

and that I last saw him alive on

Feb 17 19 48

Immediate cause of death

Malnutrition
Dehydration

CAUSE OF DEATH

Due to

Cystic Fibrosis of pancreas

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John H. Gorman MD

M. D. or other

Address

338 Camden Ave

Date signed 2-17-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02135

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 weeks
 Hospital, institution, or street address where death occurred:
Peninsula General Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Salisbury, R.D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Snow Hill Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3.(a) FULL NAME

Sarah Dawn Luffman

3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife ✓
 7. Birth date of deceased (mo., day, yr.) October 28, 1947
 8. AGE: Years ✓ Months 3 Days 6 If less than one day ✓ hrs. ✓ min. ✓

9. Birthplace Salisbury, Wicomico, Md.
 (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

12. Name Grady C. Luffman

13. Birthplace Roanoke River, N.C.

14. Maiden name Mary Jane Pennington

15. Birthplace Ocean City, Md.

16. Informant Grady C. Luffman

Address Salisbury, Md. R.D. #4

17. Burial Date thereof 2/6/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wicomico Memorial Park

Location Salisbury, Maryland

18. Funeral director The Hill & Johnson Co.

Address Salisbury, Maryland

19. 2/6/48 19 48 Grady C. Luffman Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4, 1948 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 4th 19 48, to Feb 4th 19 48 and that I last saw him alive on February 4th 19 48

Immediate cause of death Respiratory Failure DURATION 3 hrs

Due to Larynx - Trachea

Due to Bronchitis 15 hrs

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings of operations ✓

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of 2/6/48

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Robert J. Luffman Injured at work?

23. SIGNATURE Robert J. Luffman M. D. or other

Address Salisbury, Md. Date signed 2/6/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, in the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02136

Reg. Dist. No. 335

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Seaside General Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 603 E. College Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Maier, Baby Girl #1

3. (b) Social Security Number

4. Sex

Female

5. Color or race

W

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Dec. 19-1947

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

P.B. Hight, Salisbury Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

20. (Date signed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 4, 1948, at 8:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 December 1947, to 4 Feb. 1948

and that I last saw her alive on

3 Feb. 1948

Immediate cause of death

Congenital heart defect

DURATION

1 mo. 15 days

Due to

Due to

Other conditions

Pneumonitis, bilateralPrematurity

(Include pregnancy within 8 months of death)

one week1 mo. 15 days

Major findings of operations

none

Date of op.

Autopsy results

as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE

Walter R. Helling

M. D. or other

Address

Salisbury, Md.Date signed 5 Feb. 48

RECEIVED

FEB 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02137 337

1. PLACE OF DEATH:

County WISCONSIN
 City or town R.F.D. QUANTICO
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? SINCE BIRTH
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County WISCONSIN
 City or town R.F.D. QUANTICO
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Robert Eugene McDowell

3. (b) Social Security Number

4. Sex M. 5. Color or race C. 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) 1947 Oct 5
 8. AGE: Years Months Days If less than one day
4 hrs. min.

9. Birthplace Salisbury Maryland
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Robert McDowell13. Birthplace UNKNOWNMOTHER 14. Maiden name Mary Dashields15. Birthplace R.F.D. QUANTICO16. Informant ANNA DASHIELDS (sister infant)Address R.F.D. QUANTICO17. BURIAL Date thereof 15 February 48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Head of Creek ChurchLocation R.F.D. QUANTICO18. Funeral director Family

Address

19. Feb 15 19 48 R. H. Hargrove
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 February 19 48 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
14 February 19 48 to 15 February 19 48
 and that I last saw him alive on 15 Feb 48 19 48

Immediate cause of death Lobar Pneumonia Rt. Type
uncomplicated DURATION 24 hours

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Richard H. Saunders M.D. M. D. or otherAddress Nanticoke Md Date signed 15 Feb 48

RECEIVED

FEB 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

137a

02138

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County Wesomies
 City or town Nanticoke
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County Wesomies
 City or town Nanticoke
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Daniel Walter Messick

3. (b) Social Security Number

4. Sex m 5. Color or race w 6.(a) Single, married, widowed, or divorced Widower

8.(b) Name of husband or wife Eva B. Messick

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1867 8.(c) If alive, give age _____ years

8. AGE: Years 80 Months 3 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Nanticoke, Wesomies, md.
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Mahlon Messick13. Birthplace Nanticoke, md.14. Maiden name Reta Downing15. Birthplace Nanticoke, md.16. Informant Myron MessickAddress Rehoboth, Del.17. Burial Date thereof 2/21/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Robertson CemeteryLocation Clara, Maryland18. Funeral director C. S. MessickAddress Buckeye, md.19. Feb. 21 19 48 Harold Nelt

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 19 48 at 9:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 May 19 47 to 19 Feb 19 48
 and that I last saw him alive on 19 Feb. 48 19 48

Immediate cause of death Uremia DURATION 4 days

Due to Pneumonia 5 years

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

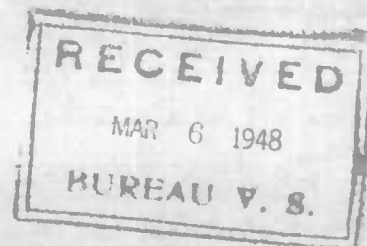
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Richard H. Sanders MD M. D. or other

Address Nanticoke, md. Date signed 2/21/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Salisbury
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
P.B. Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new deaths, informants give residence of mother)
State Md. County Salisbury
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 317 Second St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Elsie Mae Murrick

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Garner Bishop Murrick
6. (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) July 18-1907

8. AGE: Years 40 Months 6 Days 18 If less than one day
.....hrs.min.

9. Birthplace Martins Md.
(Town, county, and state)

10. Usual occupation Home wife

11. Industry or business

12. Name Emory Reddick

13. Birthplace Martins Md.

14. Maiden name Killa Phiggin

15. Birthplace Martins Md.

16. Informant Mr. Willie Reddick

Address 317 Second St. Salisbury Md.

17. Burial Date thereof Feb. 9-1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Asome Cem.

Location Salisbury Md.

18. Funeral director Hillman & Co. 1016 N. Hollman

Address Salisbury Md.

19. 2/9 1948 Warrick E. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb 6th 1948 at 6:45 P M

2E. That death occurred on the date above stated; that I attended deceased from on Feb. 6, 1948 to examined 1948
and that I last saw him alive on Feb. 6, 1948

Immediate cause of death cerebral hemorrhage DURATION 71 day

Due to Hypertensive Heart Disease ? years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

21. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Injured at work?

Means of injury

23. SIGNATURE Hendrick Mc Callough M.D. M. D. or other

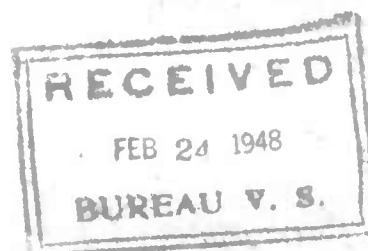
Address Salisbury Md. Date signed Feb. 7, 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Rademacher

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County... McComick
 City or town... Salisbury
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address when death occurred:

212. First St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For infants give residence of mother)

State... Md. County... McComick
 City or town... Salisbury
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 212. First St.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ernest Clayton

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

June 5-1870

6.(c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

77 8 3 hrs. min.

9. Birthplace

NO. Snow Hill Md.

10. Usual occupation

retire

11. Industry or business

Ernest Mussick

FATHER

Robert C. Md.

MOTHER

Phyllis Figg

14. Maiden name

Miss Elva Carjile

15. Birthplace

212. First St. Salisbury Md.

16. Informant

Buried

17. (Burial, cremation or removal)

Bate M. Church Cem.

18. Funeral director

Salisbury Md.

19. (Date rec'd by registrar)

2/9/48

MEDICAL CERTIFICATION

20. DATE OF DEATH... Feb. 8 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw deceased alive on 20 Feb. 1948Immediate cause of death coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Dr. RademacherAddress Salisbury Md.Date signed 2/9/48

M. D. or other

RECEIVED

FEB 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 days
 Hospital, institution, or street address where death occurred: Seamans General Hospital
 How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Worcester
 City or town Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)
 2.(c) If veteran, name war _____

3. (a) FULL NAME

Waldo S. Miller

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.)

April 28-1874

8.(c) If alive, give age _____ years

8. AGE: Years 73 Months 10 Days 0 hrs. _____ min.8. Birthplace Rural Pocomoke Somerset Md.
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business _____

12. Name Theodore S. Miller13. Birthplace MD14. Maiden name Amanda Campbell15. Birthplace MD18. Informant Mr Theodore S. MillerAddress Pocomoke City Md.17. Burial Date thereof March 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Presbyterian CemeteryLocation Pocomoke Md.18. Funeral director Henry S. StinsonAddress Pocomoke Md.19. 3/11 1948 Harriet S. Johnson Registrar
(Date recd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28-48 1948 at 1:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-20 1948, to 2-28 1948, and that I last saw him alive on 2-27-48 1948

Immediate cause of death _____ DURATION _____

Acute cardiac failure

Due to _____

Chronic arterioscleroticDue to heart disease

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Chronic arterioscleroticheart disease Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Henry S. Stinson M. D. or other _____Address Salisbury Md. Date signed 2-29-48

RECEIVED

MAR 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Allen Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town Allen Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Julia A. Moore

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Jan 26, 1864

6. (c) If alive, give age _____ years

8. AGE:

84

Years

Months 2Days 20

If less than one day

hrs. _____ min.

9. Birthplace Laurel, Sussex, Delaware
(Town, county, and state)10. Usual occupation Housework

11. Industry or business _____

12. Name Matthew S. Newton13. Birthplace Laurel, Delaware14. Maiden name E. Elizabeth Benson15. Birthplace Laurel, Delaware16. Informant Mrs. Frank MaloneAddress Allen Md.17. Burial Date thereof 2/17/48

(Burial, cremation, or removal, which?) (Month) (day) (year)

Cemetery or crematory Blades Del.Location Blades Cemetery Del.18. Funeral director Dale WashellAddress Princess Anne Md.19. 2/16 1948 Barrett St. Johnson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15, 1948, at 10 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 8, 1948, to Feb. 15, 1948, and that I last saw her alive on Feb. 8, 1948.

Immediate cause of death

Myocardial Failure 2 mo.

DURATION

Due to Generalizedarterial sclerosisDue to Senility

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Thos. B. Washell, M.D.

M. D. or other

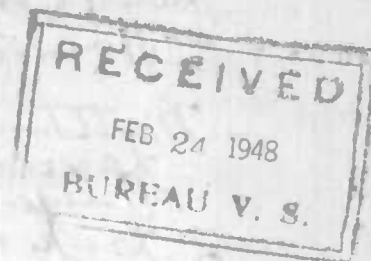
Address Princess Anne Date signed 2/16/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 233

1. PLACE OF DEATH

County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For non-born in state give residence of mother)

State Md. County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lillie May Outten

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Wm. A. Outten

7. Birth date of deceased (mo., day, yr.)

Dec. 21 - 1879

6. (c) If alive, give age

Dead

8. AGE:

Years 68 Months 1 Days 21 It less than one day
hrs. min.

9. Birthplace

Bishopville Md.
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

at home

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

18. Funeral director

19. Address

20. Date

21. Date

22. Date

23. Date

24. Date

25. Date

26. Date

27. Date

28. Date

29. Date

30. Date

31. Date

32. Date

33. Date

34. Date

35. Date

36. Date

37. Date

38. Date

39. Date

40. Date

41. Date

42. Date

43. Date

44. Date

45. Date

46. Date

47. Date

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81. Date

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83. Date

84. Date

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87. Date

88. Date

89. Date

90. Date

91. Date

92. Date

93. Date

94. Date

95. Date

96. Date

97. Date

98. Date

99. Date

100. Date

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1948 at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw medical exam alive on certified 1948

Immediate cause of death

coronary occlusion

DURATION

systemic death

Due to

arteriosclerotic heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. Rodenahr

M. D. or other

Address

Salisbury, Md.Date signed 2/13/4819. 2/14

(Date rec'd by Registrar)

20. 4821. Harriet J. Johnson22. John23. Registrar24. John25. John26. John27. John28. John29. John30. John31. John32. John33. John34. John35. John36. John37. John38. John39. John40. John41. John42. John43. John44. John45. John46. John47. John48. John49. John50. John51. John52. John53. John54. John55. John56. John57. John58. John59. John60. John61. John62. John63. John64. John65. John66. John67. John68. John69. John70. John71. John72. John73. John74. John75. John76. John77. John78. John79. John80. John81. John82. John83. John84. John85. John86. John87. John88. John89. John90. John91. John92. John93. John94. John95. John96. John97. John98. John99. John100. John

12

RECEIVED

FEB 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 933

1. PLACE OF DEATH:

County Wicomico
 City or town Eden
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
R. 7. D # 2
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Eden
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R. 7. D # 2
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

William Elisha Owens

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Fannie C. Owens
 6.(c) If alive, give age 70 years
 7. Birth date of deceased (mo., day, yr.) April 2, 1871
 8. AGE: Years 76 Months 10 Days 22 If less than one day
 hrs. min.

9. Birthplace Wicomico - Maryland
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Joshua Owens13. Birthplace Wicomico - Md.14. Maiden name Anna Ellinett15. Birthplace Sussex Co - Del.16. Informant Milton OwensAddress Box 44 - Fruitland, Md.17. Burial Date thereof 2-27-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Wicomico Memorial ParkLocation Salisbury - Md.18. Funeral director Holloway, Co. - Walter R. HollowayAddress 320 E Church St. Salisbury, Md.19. 2/27/48 Harriet C. Johnson
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24th 19 48 at 9:40 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 47 to Feb. 24th 19 48
and that I last saw him alive on Feb. 24th 19 48Immediate cause of death Arteriosclerotic heart disease DURATION 3 months

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lee L. Lawrence, M.D. M. D. or otherAddress Fruitland, Maryland Date signed 2-25-48

RECEIVED

MAR 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 33 years
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wicomico
 City or town Salisbury md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 110 Delaware St
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Marion Lee Parker

3. (b) Social Security Number

no

4. Sex female 5. Color or race aa 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife William J Parker
 Yes yes 6.(c) If alive, give age over 60 years
 7. Birth date of deceased (mo., day, yr) Feb 25 1895
 8. AGE: Years 52 Months 11 Days 18 If less than one day hrs. min.

9. Birthplace Smithfield Va
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Same as above
 12. Name James E. Grawley
 13. Birthplace Smithfield Va
 14. Maiden name unknown
 15. Birthplace unknown

16. Informant William J. Parker
 Address Salisbury md
 17. Burial Date thereof Feb 16 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Smithfield
 Location Smithfield Va
 18. Funeral director James H. Stewart
 Address Salisbury md

19. 2/13 1948 Harriet J. Johnson
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1948 at 6:00 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1947 to Feb 12 1948
 and that I last saw her alive on Feb 12 1948
 Immediate cause of death Tuberculosis

DURATION

4 yrs.

Due to.....
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE E. A. Funnell, M.D. M. D. or other
 Address 800 W Main St Date signed 2-12-48

RECEIVED

FEB 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02146

CERTIFICATE OF DEATH

Reg. Dist. No. 373

1. PLACE OF DEATH:

County Wilcombs
 City or town Salisbury Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Wilcombs
 City or town Salisbury Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 109 West
 (If rural, give LOCATION)
 2(a) If veteran, name war no

3. (a) FULL NAME

Charles P. Parsons

3. (b) Social Security Number

217-10-2140

4. Sex male 5. Color or race a.a. 6. (b) Single, married, widowed, or divorced no

6. (b) Name of husband or wife no

7. Birth date of deceased (mo., day, yr.) May 14 1894

8. AGE: Years 53 Month 9 Days 6 If less than one day hrs. min.

9. Birthplace Maryland Salisbury
 (Town, county, and state)

10. Usual occupation waiter

11. Industry or business same as above

12. Name William Parsons

13. Birthplace Salisbury Md

14. Maiden name Martha J. Demons

15. Birthplace Salisbury Md

16. Informant Marie Saunders

Address Salisbury Md

17. Burial Date thereof Feb 25 - 1948
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Hawaton

Location Salisbury Md

18. Funeral director Jamieson Stewart

Address Salisbury Md

19. 2/25 19 48 Charles P. Parsons Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 February 48 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 February 48 to 20 Feb. 48

and that I last saw him alive on 20 February 48

Immediate cause of death Paresis

DURATION Not Known

Due to None

Due to None

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Manner of injury None Injured at work? None

23. SIGNATURE Arthur L. Browne M. D. or other 2/25/48

Address Salisbury Md Date signed 2/25/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrected page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02147

Reg. Dist. No. 333

1. PLACE OF DEATH: *Thionis*
 County *Salisbury*
 City or town *Salisbury*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *25 years*
 Hospital, institution, or street address where death occurred:
Peninsula General Hospital
25 years
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Md.* County *Thionis*
 City or town *Salisbury*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *702 N. Lincoln*
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Pratt Lachell Phillips, Sr.

3. (b) Social Security Number

✓

4. Sex *Male* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Married*
 6.(b) Name of husband or wife *Anna Ines Phillips*
 6.(c) If alive, give age *58* years
 7. Birth date of deceased (mo., day, yr.) *March 10, 1887*
 8. AGE: Years *60* Months *11* Days *3* If less than one day
hrs. min.

9. Birthplace *Quartzis, Thionis, Md.*
 (Town, county, and state)
 10. Usual occupation *Carver*

11. Industry or business *Teacher*

12. Name *Pratt Lachell Phillips*

13. Birthplace *Salisbury Co. Salisbury*

14. Maiden name *Anna Ines Phillips*

15. Birthplace *Thionis Co. Md.*

16. Informant *Pratt L. Phillips, Jr.*
 Address *Salisbury, Md.*

17. *Burial* Date thereof *7/16/48*
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory *St. Philip's Episcopal Cemetery*

18. Funeral director *The Hill & Johnson Co.*
 Address *Salisbury, Md.*

19. *2/16* 19*48* *Barrett S. Johnson*
 (Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *February 13* 19*48* at *8:30 A.M.*
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
about 12th 19*48*, to *Feb 13th* 19*48*,
 and that I last saw him alive on *Feb 13th* 19*48*.

Immediate cause of death *Cerebral Hemorrhage* DURATION *sudden*

Due to *arterio-sclerosis* *several years*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Clara G. Fisher, M.D.*
 M. D. or other

Address *Salisbury, Md.* Date signed *7/15/48*

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FEB 24 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, in the correct form and in legible handwriting. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02148

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Summit

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Lincoln General Hospital

How long in hospital or institution? 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Accomack

City or town Chincoteague
(If outside city or town limits, write RURAL and give nearest town)

Street No. 55 1/2
(If rural, give LOCATION)

2.(a) If veteran, name war ☒

3. (a) FULL NAME

Powell, Mr. James I.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife Mildred J Powell

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov 9 1878

8. AGE: Years 69 Months 2 Days 24 (If less than one day) hrs. min.

9. Birthplace Ocean City Md
(Town, county, and state)

10. Usual occupation Moving Picture owners

11. Industry or business Moving Pictures

12. Name James E. Powell

13. Birthplace Ocean City Md

14. Maiden name Mary Eliza Coffin

15. Birthplace Berlin Md

16. Informant Mrs Mildred J. Powell

Address Chincoteague Va

17. Burial Date thereof Feb 8 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin Md

18. Funeral director Walter M. Clark

Address Chincoteague Va

19. 2/6 1948 Harriet E. Johnson Registrar

(Date signed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1948, at 6⁰⁰ P. M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to Feb 3 1948

and that I last saw him alive on Feb 3 1948

Immediate cause of death Myocardial infarction

arteriosclerosis

Due to hypertension

Due to hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? Chincoteague (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. H.

M. D. or other

Address Chincoteague Va Date signed Feb 4 1948

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FEB 23 1948

BUREAU V. S.

02149

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

486

CERTIFICATE OF DEATH

Reg. Dist. No. 373

1. PLACE OF DEATH

County SalisburyCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

827 S. Division St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County SalisburyCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 827 S. Div. St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Anna Pearl Puyor

3. (b) Social Security Number

4. Sex

Female

5. Color of face

White

6.(a) Single, married, widowed, or divorced

Single

MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb. 28 1948 230 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 1947 to 2/28 1948and that I last saw him alive on 1/28 1948

Immediate cause of death

Cancer of uterus

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed 2/28/48

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

48.

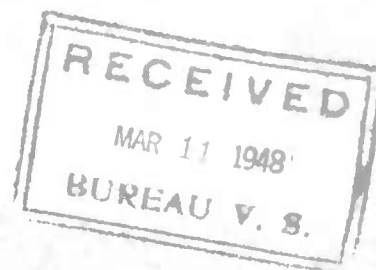
Against E. Johnson

Registrar

MARGIN RESERVED FOR BINDING

VS. A75 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02150

CERTIFICATE OF DEATH

Reg. Dist. No. 3.33

1. PLACE OF DEATH:

County ThiamesCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County ThiamesCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 317 Second St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Reddish, Mrs. Mary J.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Willie Ann Reddish

7. Birth date of

deceased (mo., day, yr.)

Aug. Sept. 24, 18716.(c) If alive, give age 66 years

8. AGE:

Years

Months

Days

If less than one day

7650

hrs.

min.

9. Birthplace

Quantico, Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER

12. Name

Reddish

13. Birthplace

Thiames Co. Md.

MOTHER

14. Maiden name

Thiames

15. Birthplace

Thiames Co. Md.

16. Informant

Mrs. Willie A. Reddish (Daughter)

Address

317 Second St. Salisbury Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Feb. 26, 1948

Cemetery or crematory

Palmer Cemetery

Location

Salisbury Md.

18. Funeral director

Hollman, G. Walter R. Hollman

Address

Salisbury Maryland

19. Date rec'd by registrar

2/26/48

19. Date rec'd by registrar

2/26/48

19. Date rec'd by registrar

2/26/48

19. Date rec'd by registrar

2/26/48

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24, 1948 at 7:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 17, 1948 to February 24, 1948and that I last saw him alive on Feb. 20, 1948

Immediate cause of death

DURATION

Cerebral Hemorrhage& Clot formationDue to HypertensionDue to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. J. Hearne

M. D. or other

Address

203 W. Church St.

Date signed

Salisbury

RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days - 12 hrs.
 Hospital, institution, or street address where death occurred:
Peninsula General Hospital
 How long in hospital or institution? 2 days - 12 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) _____
 2.(a) If veteran, name war _____ ☒

3. (a) FULL NAME

Roberts, William

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Willie Roberts
 7. Birth date of deceased (mo., day, yr.) unknown 6. (c) If alive, give age _____ years
 8. AGE: Years 65 Months _____ Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Virginia
 (Town, county, and state)
 10. Usual occupation Farm labor
 11. Industry or business unknown

12. Name unknown
 13. Birthplace "

14. Maiden name "
 15. Birthplace "

16. Informant Columbus Roberts
 Address Rural Pocomoke Md.

17. Burial (Burial, cremation, or removal Which?) Burial Date thereof Feb. 24-1948
 (month) (day) (year)
 Cemetery or crematory First M. E. Cemetery

Location Rural Pocomoke Md.
 18. Funeral director Henry H. Hilderson
 Address Pocomoke Md.

19. 2/23 19 48 Registrar W. H. Hilderson
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 - 1948 at 6:25 M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 18 19 48 to Feb. 20 19 48
 and that I last saw him alive on Feb. 19 19 48

Immediate cause of death Cerebral thrombosis
 Due to Atherosclerosis C-V-System
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE William H. Gray, Jr. M. D. or other _____
 Address Salisbury Md. Date signed 2/20/48

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FEB 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02152

Reg. Diat. No. 330

1. PLACE OF DEATH:

County Wicomico
 City or town Mardela Md R.D.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wic
 City or town Mardela Md R.D.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Jennie A. English Russell

3. (b) Social Security Number

4. Sex F 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb 14 1859

8. AGE: Years 89 Months 0 Days 1 It less than one day _____ hrs. _____ min.

9. Birthplace Mardela Md R.D.
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business _____

12. Name Killigun Russell13. Birthplace Md14. Maiden name Hensietta Goddard15. Birthplace Md16. Informant Mrs Eva ShockleyAddress Mardela, Md

17. Burial Date thereof 2-17-1948
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory RivertonLocation Riverton Md18. Funeral director Graves & BrosAddress Sharptown Md

19. 2/17/48 19 1948
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 6 1948 to Feb 15 1948
 and that I last saw him alive on Feb 14 1948

Immediate cause of death Pyelitis DURATION 8 days

Due to _____

Due to _____

Other conditions arterio sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. J. Kuhlman M. D. or other _____

Address Sharptown Md Date signed 2/17/48

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FEB 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

02153

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since Nov. 13, 1946
 Hospital, institution, or street address where death occurred:
Eastern Shore Tb. Sanatorium
 How long in hospital or institution? Since Nov. 13, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 223 Pine Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

SCHMALBACH, Henry

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife Annie Doll Schmalbach
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) May 2, 1869
 8. AGE: Years 78 Months 9 Days 24 If less than one day
 hrs. min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation Tailor
 11. Industry or business Retired
 FATHER
 12. Name Andrew Schmalbach
 13. Birthplace Germany
 MOTHER
 14. Maiden name Margaret Knoth
 15. Birthplace Germany

16. Informant Patient on admission
 Address
 17. Burial Date thereof 2/28/1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Parsons Cemetery
 Location Salisbury, Maryland
 18. Funeral director The H. H. Johnson Co
 Address Salisbury, Maryland
 19. 2/28 19 48
 (Date rec'd by registrar) Registrar Paul

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26, 1948 at 9:45p. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 1, 1947 to 2/26/48
 and that I last saw him alive on Feb. 26, 1948

Immediate cause of death..... DURATION
Chronic Nephritis 1 yr.
Chronic Myocarditis 1 yr.
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE S. M. Hinde M. D. or other
 Address Salisbury, Md. Date signed 2/27/48

RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02154

Reg. Dist. No. 335

1. PLACE OF DEATH:

County Wicomico
 City or town Lanese - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
Near Sharptown
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Sharptown - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Sharptown - Lanese Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Henry A. Sheppard

3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Alice Sheppard
 6. (c) If alive, give age — years
 7. Birth date of deceased (mo., day, yr.) January 24, 1871
 8. AGE: Years 77 Months 0 Days 17 If less than one day — hrs. — min.

9. Birthplace Parsonsburg, Wicomico County, Maryland
 (Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business Farm

12. Name Harry Sheppard

13. Birthplace Wicomico County, Maryland

14. Maiden name Hester

15. Birthplace Wicomico County, Maryland

16. Informant Mrs. Ida F. Stanley

Address Lanese, Delaware, R.F.D. #3

17. Burial Date thereof February 14, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory San Domingo Cemetery

Location Near Sharptown, Maryland

18. Funeral director J. F. Frampton & Son

Address Federalburg, Maryland

19. Feb 13 19 48 Walter G. Manner
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 19 48 at 4:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 11 19 48 to Feb 11 19 48
 and that I last saw him alive on Feb 11 19 48

Immediate cause of death Cerebral Hemorrhage DURATION hrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE W. F. Kuhlman M. D. or other

Address Sharptown MD Date signed 2/16/48

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FEB 16 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

02155

CERTIFICATE OF DEATH

Reg. Dist. No. 833

1. PLACE OF DEATH: *McCombs*
 County: *Salisbury*
 City or town: *Salisbury*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred: *415 Davis St. (Knight Home)*
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For non-born infants give residence of mother)
 State: *MD* County: *McCombs*
 City or town: *Salisbury*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: *415 Davis St.*
 (If rural, give LOCATION)
 2. (a) veteran, name war

3. (a) FULL NAME *Laura Simples*

3. (b) Social Security Number

4. Sex *female* 5. Color of face *White* 6. (a) Single, married, widowed, or divorced *Widow*

6. (b) Name of husband or wife *Walter Simples*

7. Birth date of deceased (mo., day, yr.) *Nov. 4 - 1864* 6. (c) If alive, give age *Dead* years

8. AGE: Years *83* Months *3* Days *22* If less than one day
 hrs. min.

9. Birthplace *Denton Maryland*
 (Town, county, and state)

10. Usual occupation *None*

11. Industry or business *Lanekford*

12. Name *Denton Md.*

13. Birthplace *Denton Md.*

14. Maiden name *Widow*

15. Birthplace *McCombs Welfare Board*

16. Informant *Salisbury Maryland*

17. Burial, cremation, or removal, Which? *Burial* Date thereof *Feb. 28 - 48*
 (month) (day) (year)

Cemetery or crematorium *Salisbury Md.*

18. Funeral director *Hallman & Co. Walter R. Hallman*

Address *Salisbury Maryland*

19. *2/25/48* 19. *48* Registrar *John*

MEDICAL CERTIFICATION

20. DATE OF DEATH *Feb 26* 19. *48* at *12:05 a.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *2-22-48* to *2-25-48* and that I last saw him *or* alive on *2-25-48*

Immediate cause of death *Respiratory failure* DURATION *2 hrs*

Due to *Cerebral hemorrhage* *4 hrs*

Due to *Arteriosclerosis*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Robert Gene* M. D. or other

Address *Salisbury, Md.* Date signed *2/26/48*

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate exact age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Fruitland
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Smith

3. (b) Social Security Number

4. Sex

male

5. Color or race

C

6.(a) Single, married, widowed, or divorced

S

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Feb. 5, 1948

8. AGE:

Years

Months

Days

If less than one day

8

hrs.

min.

9. Birthplace

Salisbury, Wicomico, Maryland
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

MOTHER/FATHER

12. Name

Smith, John

13. Birthplace

Norfolk

14. Maiden name

White, Eleanor

15. Birthplace

Pocomoke

16. Informant _____

Address _____

17. Cremation

(Burial, cremation, or removal. Which?)

Date thereof

2/15/48
(month) (day) (year)

Cemetery or crematory

Peninsula General Hospital

Location

Salisbury, Maryland

18. Funeral director

Peninsula General Hospital

Address

Salisbury, Md19. 2/17

(Date rec'd by registrar)

1948

Walter L. Johnson
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1948 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him _____ alive on _____ 19

Immediate cause of death

Prematurity (A.K.)

DURATION

Pneumonia, bilateral, lobar
(all lobes)24 hours

Due to _____

Due to _____

Other conditions

Prematurity8 days

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results

as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Walter L. Johnson
M. D. or otherAddress Salisbury, Md. Date signed 2/14/48

RECEIVED

FEB 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

02157

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death 3 years
Hospital, institution, or street address where death occurred:
415 Delaware Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 415 Delaware Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Alberta E. Stanley

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Richard Stanley
7. Birth date of deceased (mo., day, yr.) November 10, 1872
8. AGE: Years 75 Months 3 Days 15 If less than one day
hrs. min.

9. Birthplace Wicomico County, Maryland
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home

12. Name James James
13. Birthplace Wicomico County, Maryland
14. Maiden name Liza Ann Brown
15. Birthplace Wicomico County, Maryland

18. Informant Mrs. Radie Henry
Address 415 Delaware Street, Salisbury, Md.

17. Burial Date thereof February 29, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory San Springs Cemetery
Location Near Sharptown Maryland

18. Funeral director J. J. Fraughton & Son
Address Federalburg, Maryland

19. 2/29 1948 Warren E. Johnson
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1948 at 11:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1948 to 1948

and that I last saw her alive on 1948
Immediate cause of death Arteriosclerosis
Heart Disease

Due to Arteriosclerosis
Due to Indef.

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

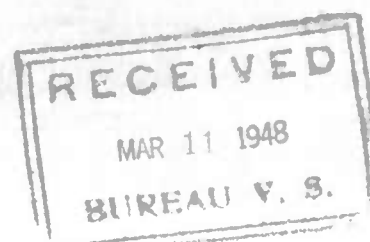
23. SIGNATURE Samuel M.D.
M. D. or other
Address 800 W. Main St. Salisbury
Signed 2/25/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02158

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH

County SalisburyCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or place address where death occurred:

422. Marshall st.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For non-born infants give residence of mother)

State MD. County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 422. Marshall st.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Annie Eliza Welch

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Michael Welch

7. Birth date of deceased (mo., day, yr.)

March 3 - 1855

6. (c) If alive, give age, year

8. AGE:

Years

Months

Days

If less than one day

921110

min.

9. Birthplace

Int Vernon Md.

(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

18. Funeral director

19. Date rec'd by registrar

20. Date of death

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

22. VIOLENCE: If death was due to external causes, fill in the following:

23. SIGNATURE

24. Address

25. Date signed

26. Date of death

27. Date of death

28. Date of death

29. Date of death

30. Date of death

31. Date of death

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1948 at 6:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 11 1948 to Feb 13 1948and that I last saw her alive on Feb 12 1948

Immediate cause of death

Ischemic Heart Disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

If not at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

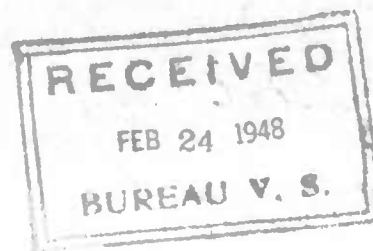
M. D. or other

Address Salisbury Md Date signed 2/13/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02159 333

1. PLACE OF DEATH:

County WicomicoCity or town Salesbury Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Eastern Shore Tuberculosis San.How long in hospital or institution? 1 month 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Queen AnneCity or town Centerville Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs Mary Agnes White

3. (b) Social Security Number

4. Sex

F

5. Color of face

W

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife

Deceased Jefferson White

7. Birth date of deceased (mo., day, yr.)

4/24/1871

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

76828

hrs. _____ min. _____

9. Birthplace

Wicomico Delaware
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Dooris Montague

13. Birthplace

Delaware

14. Maiden name

Anna Warner

15. Birthplace

Unknown

16. Informant

Patients chart

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

3-3-48
(month) (day) (year)

Cemetery or crematory

Chesterfield Cemetery

Location

Centerville Maryland

18. Funeral director

J. Virgil Moore & Son

Address

Deer Creek Md.

19.

(Date rec'd by registrar)

19

48MDJohn D. Jones

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 19 48 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/18 19 48 to 2/22 19 48and that I last saw her alive on 2/22/48 19 _____

Immediate cause of death

Chronic Myocarditis

DURATION

1 yr

Due to

Due to

Other conditions

Chronic arthritis 3 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

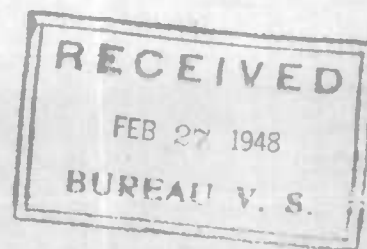
23. SIGNATURE

S. H. Hurdle MD

M. D. or other

Address

SalesburyDate signed 2/22/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02160

Reg. Dist. No. 339

1. PLACE OF DEATH:

County WicomicoCity or town Near Pittsville Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Sampson Wilkins

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Lillie Wilkins

7. Birth date of deceased (mo., day, yr.)

April 14, 18676. (c) If alive, give age 78 years

8. AGE:

Years

Months

Days

If less than one day

80927

hrs.

min.

9. Birthplace

Libertytown; Worcester; Md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

FATHER

12. Name

Lambert Wilkins

13. Birthplace

Libertytown Maryland

MOTHER

14. Maiden name

Zenia B. Ridford

15. Birthplace

Libertytown Maryland

16. Informant

Edward Wilkins

Address

Pittsville, Md

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Feb. 15, 1948
(month) (day) (year)

Cemetery or crematory

New Hope

Location

Near Willards, Md.

18. Funeral director

Wm. Howard Wells

Address

Pittsville, Md.

19.

(Date read by registrar)

2/13

1948

W. H. WellsRegistrar

Address

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Wicomico

City or town

Pittsville, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 11th

1948

at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1

1947

to Feb. 11

1948

and that I last saw him alive on Feb. 11, 1948

Immediate cause of death

Chronic myocarditis

DURATION

1 year

Due to

Due to

Other conditions

Compensated formInfluenza and pneumonia
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank Lewis M.D.

M. D. or other

Address

Willards, Md

Date signed

2-12-48

RECEIVED

FEB 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02161

Reg. Dist. No. H 336

1. PLACE OF DEATH:

County Wicomico
 City or town Delmar
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 years
 Hospital, institution, or street address where death occurred East Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Delmar
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. East
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

William Henry Willis

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Gertrude Willis

6.(c) If alive, give age 77 years
 7. Birth date of deceased (mo., day, yr.) July 22, 1866

8. AGE: Years 80 Months 6 Days 22 If less than one day
 hr. min.

9. Birthplace Philadelphia, Pa.
 (Town, county, and state)

10. Usual occupation Upholsterer

11. Industry or business Furniture

12. Name Wm. Willis

13. Birthplace London, England

14. Maiden name Lucia Speth

15. Birthplace Michigan

16. Informant Gertrude Willis

Address Delmar, Del.

17. Burial Buried Date thereof 2-16-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory First Methodist
Delmar, Delaware

Location Delmar, Delaware

18. Funeral director W. & J. Marvel Co.

Address Delmar, Delaware

19. Date rec'd by registrar Feb. 16, 1948 Registrar Harry E. Hudson

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14, 1948 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 12, 1948 to Feb. 14, 1948
 and that I last saw him alive on Feb. 14, 1948

Immediate cause of death Coronary thrombosis DURATION 2 day

Due to Arteriosclerosis

Due to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. E. Hudson M. D. or other

Address Delmar, Del. Date signed 2-16-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The box for age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 months
 Hospital, institution, or street address where death occurred Peninsula General Hospital
 How long in hospital or institution? 2 months, 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Delaware County New Castle
 City or town Marshfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 10 Jew St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME

William Henry Wingate

3. (b) Social Security Number

✓

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Bachelor
 6. (b) Name of husband or wife ✓
 7. Birth date of deceased (mo., day, yr.) August 22, 1865 6. (c) If alive, give age ✓ years
 8. AGE: Years 82 Months 5 Days 22 If less than one day hrs. min.

9. Birthplace Sussex Co. Delaware
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business Card, Office, Industrial School
 12. Name Jam. Crispin Wingate
 13. Birthplace Sussex Co. Delaware
 14. Maiden name Caroline Parsons
 15. Birthplace Sussex Co. Delaware

16. Informant Mrs. J. Craig Culver
 Address 305 Hunt St., Salisbury, Md.
 17. Burial Date thereof 2/18/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Wicomico Memorial Cemetery
 Location Salisbury, Maryland
 18. Funeral director The Wm. J. Johnson Co.
 Address Salisbury, Maryland
 19. 2/17 1948 Carroll E. Johnson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1948 at 5:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 5th 1948, to Feb 14th 1948.
 and that I last saw him alive on Feb 14th 1948.

Immediate cause of death Carcinoma of Prostate DURATION 6 mo.

Due to ✓
 Due to ✓

Other conditions ✓

(Include pregnancy within 8 months of death)

Major findings of operations ✓ Date of op. ✓

Autopsy results ✓
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide ✓ Date of ✓
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) ✓
 Means of injury ✓ Injured at work? ✓

23. SIGNATURE Oliver P. Fisher M.D. M. D. or other ✓
 Address Salisbury, Md. Date signed 2/15/48

RECEIVED

FEB 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **333**

1. PLACE OF DEATH: **McCormick Co**
 County **Salisbury**
 City or town **Salisbury**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **24**
 Hospital, institution, or street address where death occurred: **St. Mary's**
 How long in hospital or institution? **24**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **MD** County **Wicomico**
 City or town **Salisbury**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **Hotel Butler**
 (If rural, give LOCATION)
 2.(a) If veteran, name war **✓**

3. (a) FULL NAME **Stephen Charles Wynn**

3. (b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **Aug. 23rd 1947** 6. (c) If alive, give age **1** years

8. AGE: Years **5** Months **24** Days **24** If less than one day **hrs.** **min.**

9. Birthplace **Wineland N.J.**
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name **Stephen J. Wynn Jr.**

13. Birthplace **Phila. Pa.**

14. Maiden name **Jane Pagan**

15. Birthplace **Kingston Pa.**

16. Informant **Mr. Stephen J. Wynn Jr.**

Hotel Butler, Snow Hill Md

Buried **Feb 20-48**

17. (Burial, cremation, or removal. Which?) **Buried** Date thereof **Feb 20-48**

Cemetery or crematorium **Oak Hill Cem**

Location **Wineland N.J.**

18. Funeral director **William C. Weller R. Weller**

Salisbury Md.

19. **2/18/48** 19 **48** **Barrett L. Johnson** Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **Feb 17th 1948** at **10:15 P**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **17 February 1948** to **17 February 1948** and that I last saw him alive on **17 February 1948**

Immediate cause of death **Branchopneumonia** DURATION **18 hours**

Due to

Due to

Other conditions **Acute enteritis** **5 days**
Dehydration **5 days**
No Doses **18 hours**

Major findings of operations

Date of op.

Autopsy results **as above**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injury Injured at work?

23. SIGNATURE **Barrett L. Johnson** M. D. or other

Address **Salisbury, Md.** Date signed **2/18/48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 29 1948

BUREAU V. S.